VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05114

Reg. Dist. No. J. 02

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Roc.newborn Infanty give resignee of mother)
County	March 1
City or town (If outside city or town limits, write RURAL and give nearest town)	1 01 + -
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 213 S. Queen St.
2/3 S. Chuen St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Larrie adams	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1- C. Widow	20. DATE OF DEATH. May 12 19.45 21 500 P. M
(D.1) +1 Cd.	21. I CERTIEX, that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wise all the state of the state	21.1 Gentled that death occurred on the date source stated; that I strength deceased from
7. Birth dale of	and that I last saw halive on Amary
deceased (mo., day, yr.) Sept. 16 1871	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
73 9 26hrsmin.	Windle
Balt. W. O. D	Ann and
9. Birthplace (Town, county, and state)	Due to mal Oleh Litt
10. Usual occupation	and the same of th
11. Industry or business a home	Due to
12. Name Lange Linguist Linguist 13. Birtholace Cheet who they land	Differ conditions
M 4	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Balto, Mayland	Date of op,
16. Informant Mrs. China 1-nd	Autopsy results
Address 213 S. Church St. Khestulais Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busin 5/16/45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Big Woods Cemetry,	Where did injury occur?
Mere - Still Pond Kent Co. led	Injured at home, farm, Industry, public place (where?)
LOCATION	Means of Injury Injured at work?
18. Funeral director. Ifanya . Williams	1(n) 0 0 0
Address Chestistown Maryland	XYP + Oheland
Man II Um Olara IR	23. SIGNATURE M.D. or other
(Date rec's by registrar) (Date rec's by registrar) Registrar	Address Ches 1e Lours Date signed 5 645



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

U5115 Reg. Dist. No. 202

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State Many Carrett of County of March
How long in above place of death?	(If outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred.	Street No. 202 S Front
202 S. Funt	(If rural, give LOCATION)
How tong in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME John Wilson Z	Rount 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M. W Married	20. DATE OF DEATH. May 3/ 18 45 at 7:30 M
Gealelle Blount	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	1-1- 1944 10 1 - 21 - 1944
7. Birth date of	and that I last saw h all alive on 1 2 0 19.4 5
deceased (mo., day, yr.) answary 19 1765	Immediate cause of death DURATION
8. AGE: Years Morths Days/ If less than one day	Ol dema of lings I day
80 14 2hrsmio.	
9. Birthplace Craken tran Culen ann Cy Mad. (Town, pounty, and state)	Due to ar Cerus sclerous 2
tD. Usuat occupation Waterman (Pelind)	Bue to
tt, industry or bosiness	DIC 10-
12. Name. Charles 13 Blount 13 13 Many Co. Mad	Dther conditions
13. Birthplace Queen and lo Med	(Include pregnancy within 3 months of death)
E 14. Maiden name Cleaner Willson	(Include pregnancy within 5 months of death) Major findings of operations
15. Birthplace / tent Co. Manyland	Date of op.
16 Informant Mrs & W. Blownt (Wye)	Autopsy results
A I B + I PO F	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 202 M Month St. Muslukini	22. VIOLENCE: tf death was due to externat causes, filt in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Schooling	Where did to jury occur?
00-11- men land	Injured at home, farm, industry, public place (where?)
Location	Means of injury tnjured at work?
18. Funeral director Managemy Latter	means of injury
Address Shististing Manyland.	If Jampers
Man 93 VI COM PR	23. SIGNATURE. M. D. or other
(Date regist by registrar) 1945 Clara & Barres Registrar	Address Les Les Vorons Date signed 1-21-45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(462)

105116-

CERTIFICATE OF DEATH

Reg. Diet. No. 202

1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Md. County Kent		
City or town (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)				
				City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where d	eath occurred	:	Street No. 200 Byron Court		
200 Byron	n Court			(If rural, give LOCATION)		
How long in hospital or	Institution?		***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME				3. (b) Social Security Number		
Ma	arv Lizzi	e R111	rden	or (o) Boshi Breniny Humber		
4. Sex	5. Color or race	6.(a)Single	eden e, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	colored		idowed	97)		
		,,,,	raowea	20. DATE OF DEATH. 5 - 2 7 19 45 3 at 15 PM		
6.(b) Name of husband	or wife John	Burde	<u> </u>	21. I CERTIFY that death occurred on the date above stated; that J attended deceased from		
		R (c) If alive, give ageyears	1945 10 5 1845		
7. 8irth date of	. 2 2	T'S	369	and that I last saw h. 21 alive on 5 / 257		
deceased (mo., day, yr 8. AGE: Years	Months	Days	It less than one day	Immediate caose of death DURATION		
76	3	3		2 Can Cal Date Con Color		
	+ 0- 16-					
9. 6irthplace	Town, c	ounty, and s	10- tate)	Due to		
1D. Usual occupation	Housew	ife	***************************************			
11. Industry or business				Due to		
E			***************************************	Dther conditions		
	Maryla			(Include pregnancy within 8 months of death)		
본 14. Maiden name	Unkno	7477		Major findings of operations.		
14. Maiden name 15. Birthplace	OILAILO	AATT		Major induits of operations.		
	ou Dund	- 1	A.)			
200 -	-=%pri1:@6	77)Aj	PHYSICIAN: Please underline the caose to which death shoold he charged statistically.		
Address Byrc	n Court	- Che	stertown, wid.	22. VIOLENCE: It death was due to external causes, till in the following:		
			of May 30, 1945.	Accident, suicide, or homicide		
			m Cem. (Col)	Where did injury occur?		
Location N e	ar Chest	ertow	n, ^m d,	Injured at home, tarm, industry, public place (where?)		
			g	Means of injury Injured at work?		
				the solutions		
	estertow			23. SIGNATURE. M. D. or other		
19. May 2. (Date rec' py reg	719.4.5	C	lara L. Barnes. Registrar	Address Messes Date signed 5 - 2843		

MAY 31 1915 BUHBAU V. S. MARGIN RESERVED FOR BINDING

VS

1	Evidend	e for	change	of
	age is	shown	on	

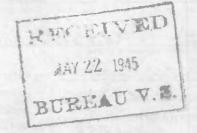
MARYLAND STATE DEPARTMENT OF HEALTH

111	N.	Charles	St.,	Baltimore 2	NO.
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CERTIFICATE OF DEATH

U	51	17	20	/
Reg.	Dist.	No		

FILM No. G 9 5 MAY 28 1945 CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Por newborn infants give residence of mother) State County City or iown (If outside city or town limit, write RURAL and give nearest town) Street Ro. (If rural, give LOCATION)
How long in hospital or institution? 3. (a) FULL NAME	3. (b) Social Security Number
	to Crew.
Male White married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Hame of husband or wife Alter Older Crew 5.(c) If alive, give age 5 years 7. Birth date of deceased (mo., day, yr.) Nov 3 8. AGE: Years Months Days If less than one day 56 5-7 6 10	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. to 19.4.7. and that I last saw h
9, Birthplace	Due to Aspellenson
12. Name Alian Grand. 13. Birthplace Agree Co 22 d. 14. Maiden name Furna Janus Cseu. 15. Birthplace maryland	Other conditions
Address Horton Med Rusch 17. Sand Date thereof Muly 5 (My 5) (Burial, cremation, or removal. Which?) Date thereof Muly (day) (year)	Autopsy results. PHYStCIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did labor occur?
Location 18. Funeral director Address 19. May 15 19 to Thomas The Control of	Where did Injury occur?



Date thereot.

(Burial, cremation, or removal

16. Funeral director

Hymes

Reg. Diat. No. 202

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL ond give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CEATHY that death occurred on the date above stated; DURATION (Include pregnancy within 3 mouths of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide. Where did Injury occur? (Connty) (State) (City or town) injured at home, tarm, industry, public place (where?) Means of Injury injured at work?

23. SIPHOTORE

WRITE

PLEASE



AND THE PERSONAL PROPERTY OF THE PERSON OF T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (128-6)

CERTIFICATE OF DEATH

05119

Reg. Dist. No. 202

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate Wary and County City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
Kentand man annas Hopetal	(If rural, give LOCATION)
How long in hospital or institution? 4 hours	2.(a) It veteran, name war.
3. (a) FULL NAME Judith Marie Deringer 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH. MAY // 19 45 at 620 P. M
8.(U) Name of husbaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 11 1945, 10 May 11 1845
7. Birth date of 7. Bir	and that I last saw h.C. alive on MAY 11 19 43
deceased (mo., day, yr.) SANDANY 30, 1945	Immediate cause of death
8. AGE: Years Months Days It less than one day 3 13hrsmin.	SMALL intestine 30 hours
9. Birthplace Chestertown, Kent, Manyland (Town, county, and state)	Oue to
10. Usual occupation Infant	
	Due to
11. Industry or business	
E 12. Name Edmon H. Deringer	Other conditions
13. Birthplace Nen - Kennedy ville, Kent Co., Maryland	(Include pregnancy within 8 months of death)
14. Malden name ANN Williams 15. Birtholace Worton, Kent Co; Mary And 16. Interment Hosp. Records	Major findings of operations Volyulus of Mid-portion
16, Interment Hosp. Records	Autopsy results
Address Chestertown, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
P. 1	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Christian	Where did injury occur?
Plant 1- bu la 1	Injured at home, farm, industry, public place (where?)
Location Dal Landson	Means of Injury Injured at work?
18. Funeral director Marin V. Williams Address Chestertown Manufanal	
Address Meslerson Maryland	23. SIGNATURE albick www.
19 May 13, 1945 Clara & Barnes.	Address Charter town, led Bate signed 5-11-45

William of Taxas Inches 200 RECEIVAN MAY 15 1945 BUREAU V.F MARGIN RESERVED FOR BINDING

VS A15

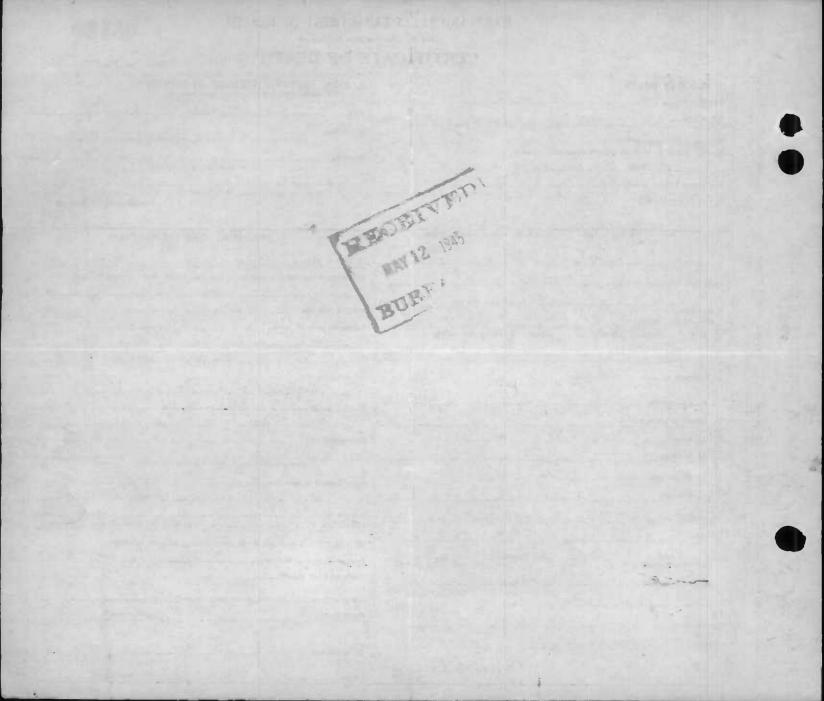
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 39%

U5120 T Reg. Dist. No. 202

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary Leur County Kust
City or town	D. 01 H . 0 13 1
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Kut and areus ann Truesal Holp.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dora Diche Fields	o.(o) because really realist
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jun . Thete vidowed	2D. DATE OF DEATH MAY 8 19 45 PM
hat Field	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wite	May 1 19 41 10 May 8 19 45
7. Birth date of	-2.1.5
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
71 7 2	Reely Mouseur
	graphed tiver
8. Birthplace Kut Co Mix	Duda
(Town, connty, aud state)	H4/rerleusion
1D. Usual occupation.	Que to
11. Industry or business	skron 2ndo- kg oz wo / chs
12. Name Provore & che	Bither conditions.
E	
	(Include pregnancy within 3 months of death)
E 14. Maiden name Hes For Walley	Major findings of operations
15. Birthplace Mury end	Major rigulags of operations. Bate of op.
1 000	
16. Informant MM 1. D. Bowlers	Autopsy results
Address the Nortown, Md.	
- Rurial - Mar II TOAS	22. VIOLENCE: If death was due to external causes, flil in the following:
Burial Bate thereof May II 1945. (Borlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Chester Cem.	Where did injury occur?
Location Chestertown, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director J. Willis Wells	Means of injury Injured at work?
	0.000
	23. SIGNATURE albert Burgard
(Date ref d by registrar) 19 45 Clara & Barnas Registrar	Address PorkHell, Miel Bate signed 579/75



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0

J5121

CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOIVIE) OF DECLASED: (For newborn infants giveresidence of mother)
County COUNTY	State Muselland County Manuel
City or town	1 0 fr 10 min of Zens)
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3. (d) PULL RAME	-3 /
telle smith to	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Horarle M Midowed	20, DATE DF DEATH 2015, at 3/5/M
6-1 -1860-0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	may 16th 1945, 10 may 22 1845
S.(c) It alive, give ageyears	end that I last saw half alive on may 221d 1945
7. Sirth date of deceased (mo., day, yr.) abr 27 1864	DIDATION
8. AGE: Years Months Days it less than one day	Immediate cause of death Jule Visle validad Jaco
81 28min.	Wehnilis.
	remues.
9. Sirthplace	Due to
1D. Usual occupation.	Due to
11. Industry or business	
12 Name Deval V Smith	Other conditions Complications.
12. Mama 12.	
	(Include pregnancy within 8 months of death)
14. Maiden neme war heren	Major findings of operations.
\$ 15. Birthplace Leleware	Date of op.
18. Informant Mallace Tord	Autopsy results
Still tone of Trul	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Off Officer 200	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Stell Cond Ind	Injured af home, farm, Industry, public place (where?)
BR CTO ON MUSS	Means of Injury Injured at work?
18. Funeral director.	10000
Address Steel and	23. SIGHATURE IN COLUMNIE
may 25 45 Molails	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Sull Vond Date signed 3/23/45

MAY 29 1945 BUREAU V.S.

STATE OF STREET OF STREET

19 1851

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-

CERTIFICATE OF DEATH

(15122 T Reg. Dist. No. 202

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For peyborn infants/give residence of mother)
City or town & les TV T TM	State County
City or town	City or town. Lesses Juille 1 2 all
How long in above place of Death?	(If outside city or towo mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streel No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Willard F. Taury	Er -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male whete single	20, OATE OF DEATH. May 7 1973 2/2 FM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended fince ased from
	Dimen De to to Osta
7. Birth date of deceased (mo., day, yr.) Seatly 1925	and hart fast sawn 19
8. AGE: Years Months Days If less than one day	Commodiate areas of the Commodiate of the Commod
14 9	The state of the s
hrsmin.	Tracium Preces
9. Birthplace	Due to The Town of
(Town, county, and state)	John Jones
10. Usual occupation.	Bue to. D
11. Industry or business of Farming	Auto recional
E 12 Name Dynio Hauser	Att
13. Birthplace / lee T to with	Other conditions
N. A. T.	(Include pregnaley within 8 months of death)
14. Maiden name Sada Herraul	Man findings of operands Dan Jun Stull
2 15. Birthplace is luck to the	muce The man pate of on Mayle 1915
16, Informant San Brue TW	Autopsy results 24520
We and all the	PHYSICIAN: Please underline the cause in which death should be charged statistically.
Address (Cauco y luce)	22. VIOLENCE: If death was the to external touses, fill lathe following
(Burial, cremation, or removal Which?) Bate thereof (month) (day) (year)	Accident, suicidence homicide Court pate of the 6/45
(Burial, cremation, or removal Which?) Bate thereof. (month) (day) (year)	Me bustarille hed
Cemetery or crematory Manager	(City or town) (County)
Location Susantas Mil	Injured at home, Kary, Industry, gubilic place (where) Lebure Road
Coline Stealling	Means of injury the to a injured at work?
18. Funeral director	paul true
Address Millington Mil	23 Dripoperty Ried exam lunela
may 9 145 Clair & Barne	M. Dorother
(Date ree of the registrar) 19 4 5 Clara & Barne	Address No 750 mg Oate signed 7/4/

WAY 10 1945 BUREAU V.E.

CERTHICATE OF DIAGRA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

05123 Reg. Dist. No. 202

		Care a
CERTIFICATE	OF	DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town (If outside city or town limits, write RUKAL and give nearest town)	State Manghand County Con mid
low long in above place of death?	City or lown (11 outside city or town limits, write RURAL and give nearest town)
dospital, institution, or street didress where death occurred:	Street No
tow long in hospital or institution?	2.(a) If veteran, name war
William H. Han	3. (b) Social Security Number
Wall Suff (a) Single, merried, widowed, or divorced Walf Wyows	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 30 19 5 19 19 19 19 19 19 19 19 19 19 19 19 19
8. (b) Name of husband or wife Mrs. Harriett ? Hargest	CERTIFY that death occurred in the date above stated: that attended deceased from
1. Birth date of deceased (mo., day, yr.) 1. Borth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	and that I last saw h. Care Calive on 19
B. AGE: Years / Months Bays If less than one daymin.	Immediate of the second
B. Birthplace Jown, eounty, and atate)	Due to Do mo felesous Simil
10. Usual occupation.	Doe to.
11. Industry or business	
12. Hame	Cither conditions
14. Walden name Exact that Huis Leach	(Include pregnancy within 3 menths of death) Major findings of operations.
El 15. Birthplace Latto	Date of op.
Address 1636 Coouth St. Bato Md	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	Where did lojury occur?
Location Creenston ha.	Injured at home, farm, todostry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Church Otill Ind.	23 SIGHALARE TIZUES UN
19. June 1 1965 Clara & Barnes. Registrar	Alles for from les Date sigher 3014

ATTAMENTANCE TRANSCONDENSATION OF THE STATE OF THE STATE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg.	Dist.	No. 202

05124 T

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF (For newborn infante give residence of a	F DECEASED: mother)
Clty or town	hester	town		State Md. Cour	Kent Kent
(If outsid	e city or town li	mits, write R	URAL and give nearest town)	G3 1	. write RURAL and give nearest town)
How long in above place of de Hospital, Institution, or stree	ath?t address where i	leath occurred	:	Street No. II6 Cannon St	. write RURAL and give nearest town)
			Hospital	Street No	LOCATION)
How long in hospital or insti	tulion?I.	day		2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Number
Doro	thy Hor	okins	Keyser . married, widowed, or divorced		
4. Sex 5. 0	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION 6:15
female	white	ma	rried	20, DATE OF DEATH May 11,	25 9.75 19
6.(b) Name of husband or wi	. Medfe	ord Ke	eyser	21. I CERTIFY that death occurred on the date about	
) tf alive, give ageyears		, 10
7. Birth date of	March		915	and that I last saw halive on	19
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	If less than one day	Immediate cause of death Septi	DURATION
30	2	9			
9. Birthplace Cen	trevil	le, N	laryland	Due to	- abortion
1D. Usual occupation	77		tate)	Cause Gudeter	imines.
	e e e e e e e e e e e e e e e e e e e	hart a V die a uste n nation a trear a s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to	
11. tadustry or business	ldem U	omlada.			
	arylan		3	Other conditions	
			1	(Include pregnancy within 3 n	nonths of death)
E			1	Major findings of operations	
E 15. Birthplace	arylan	<u>a</u>			
18. Informant Ho.sp	ital r	ecord	5	Antopoy results. Aut - Perfact. PHYSICIAN: Please underline the cause to wh	by Home J. Malleto MO
Address Ches	tertow	n, Md.			
				22. VIOLENCE: If death was due to external cause	
Burial (Burial, eremation, or removal, Which?) Date thereof May I3, I945 (month) (day) (year)		Accident, suicide, or homicide			
Cemetery or crematory Saint Paul Cema					(County) (State)
Location Nes	r Ches	terto	wn. Md.		ere?)
18. Funeral director	. Will	is We	lls	Means of Injury	Injured af work?
Address C	hester	town,	Md.	23. SIGNATURE Horning The	edein m.D.
19. Mars // (Date r c'd by registre	19.45 ar)	ce	asa S. Barnes. Registrar	Address Joo Fleet	Steel Date signed Keyll, 19c



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)



CERTIFICATE OF DEATH

63125

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Zoa Coleman Nickerson 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	20. DATE OF DEATH May 13.1945 19 2.30 I
6.(b) Name of husband or wife David T. Nickerson living B.(c) If alive, give age 34. years 7. Birth date of deceased (mo., day, yr.) Feb. 19 1915	21. I CERTIFY that death occurred on the date above stated; that lattended deceased 19345 1945 and that I last saw h. OF alive on 1945
8. AGE: Years Months Days If less than one day 30 2 25	Carcinoma Breat Spine with General Metabasis 9 Months
9. BirthplaceKentCoMd	Due to
12. Name Clifton Coleman 13. Birthplace Md.	Other conditions
14. Malden name Eunice Elliottt 15. Birthplace Kent Co. Md.	(Include pregnancy within 8 months of death) Major findings of operations
18. Informant Miss. Helen L. Coleman Address Chestertown, Md.	Antopsy results
17 Burial Date thereof May 16 1945 (Burial, cremation, or removal, Which?) Cemetery or crematory Chester Cem.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Chestertown, id. 18. Funeral director J. Willis Wells	Injured at home, farm, Industry, public place (where?)
Address Chestertown, Md. 19. May 15 19.45 Claude Bause - Registrar	23. SIGNATURE Chestertown Md M. Dayber 14. 18



P

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore 770

05126 Reg. Dist. No. 2021

CERTIFICATE OF DEATH

	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: **Note of the country of th	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Robert Scheltz	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, manifold, widowed, or divorced MALE White Single 8.(b) Name of husband or wite	MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to 19.45, to 19.45
	7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs. min. 9. Dirthplace (Town; county, and state)	Immediate cause of death DUBATION Tractured Skeedle basilor Ext. 7 days Due to Quet include a Dub 2 Due to Tractured Sept One of 2 days Due to Tractured Sept One of 2 days
	ff. Industry or business f2. Name Jerman Schultz f3. Birthplace Kent Coruntz Led f4. Maiden name EORa O' Ua O f5. Birthplace Caril Coruntz Led	Other conditions Tractions Questions Conditions Tractions Questions Question
	16. Informant 1975 P. 1990 do 3 Address Co. S. Fufour (u.d.) 17. (Burial, cremation, or removal. Which (Burial, cremation, or removal. Which (day) (year) Cometery or crematory (continuation) 1990 (day) (year) Location (1990 do 1990 do	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VfOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury Auto Accident Injured at work? M. D. or other
1	(Date rect by registrar) (Date rect by registrar) (Date rect by registrar)	Address Clastertown, led. Date signed 5-13-45

HIAM SO THE WAR SHADEN

 MAY 17 1948 BUREAU V.S.

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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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51	rmation sho
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ESERVI	INK. I
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(1)	WITH Un
•	LAINLY, specially in
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VS V	PLE

(F	FILM No. G 9 5 JUN	5
, pe	Evidence for change age is shown on	of

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-20

CERTIFICATE OF DEATH

7 TEM NO. CF 9 5 JUN 5 1945	Neg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County — Cent	(For newborn infants give residence of mother)
City or town mean been eliquille and	State Maryland County - 12
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town of Cermedyville James
· Jylars	(If outside city or town limits, frite RURAL NEAR and give town)
Stay in hospital or inst. (yrs., or mos., or days)	Street No. # Sexual Light LICE Total (If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME	3. (b) Social Security Number
Gertrude Stand	ley
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hewale C - Modowed	20. DATE OF DEATH 21 6/5 PM
6 (b) Name of husband or wife - Louglas Slassley	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6(c) if alive, give ageyears	19 41 to pag 21 19 71.
7. Birth date of deceased (mo., day, yr.) Owney 22 1891	and that I last saw h. L. alive on
8. AGE: Years Months Days If tess than one day	Immediate cause of death
54 -5-5 3hrsmin.	Cerebral Humbagy 7-Rm
9. 8irthplace (Town, county, and state)	Due to Ortho policin permy you!
10. Usual occupation	Oue to
11. Industry or business	000 (0
12. Name James Jam	Other conditions
X 13. Birthplace / Ceref Co	ALIA ANIMITALIA
14. Maiden name Edell Thilson	(Include pregnancy within 3 months of death) Major findings: PHYSICIAN
5	Major findings: Of operations Piease underline
E 15. Birthplace	the cause to which death should be
16. Informant - Junes / Dowers	charged statisti-
Address Chesterlown md	Of autopsy
17. Burial (Burial, cremation, or removal, Which?) Oate thereof May 29 1445 (month (day (year))	Accident, suicide, or homicide Date of Date of
01.1-7	When did below and 0
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Stille 1 doubt herd	Injured at home, farm, industry, public place (where?)
18. Funeral director Dellocard	Means of Injury Injured at work?
Address istill Condond	las mass.

BURRAU V.B. Sallier.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

CERTIFICATE OF DEATH

Reg. Dist. No. 2 02

1. PLACE OF DEATH: Ke	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County		
(If outside city or town limits, write RURAL and give nearest town)	State Manyland County Ores and	****
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	100000
Hospital, Institution, or street address where death occurred:	I A CONTRACTOR	
Kent - Freen aues Horntal	Sireel No. A	
How long in hospital or institution? 7 Land	2.(a) It veteran, oame war	*****
3. (a) FULL NAME	3. (b) Social Security Number	
Louis High leat	SI (V) NOUMA SOCIALLY ALBERTA	
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	,
Male White Single	20. DATE OF DEATH 5-/2 19. 45 at 2	PM
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
6.(b) Name of husband or wife	19. Y 3. 10	41-
7. Birth date of deceased (mo., day, yr.) Way 12, 1943	and that I last saw h.4. Cl. alive on	73
8. AGE: Years Months Days It less than one day	Immediate cause of death	ON
0. 1.02.	Premature mat	
	D	
9. Birthplace Claster form, Kent, Campand (Town, county, and state)	Oue ta	
1D, Usual occupation.		*******
	Due to	1400000000
11. Industry or business		
12. Name Earl Benjamin Teat	Other coodillons	
13. Birthpiace Barelan, Wan land		
H 60.04 11	(Include pregnancy within 3 months of death)	
# 14. Malden name Cuma Coy about Noney	Major findings of operations	
\$ 15. Birthplace Ulling ton , led		
11. 41	Oate of op,	********
18. informant	Autopsy results.	********
Arteress manydal, led - R.D.	PHYSICIAN: Please underline the cause to which death should he charged statistically.	
10. 10. 10.	22. VIOLENCE: If death was due to external causes, fill in the following;	-
(Burial, cremation, or removal, Which?) Date thereof May (Menth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory	Where did injury occur?	
Location	Injured at home, farm, lodustry, public place (where?)	**********
Lather	Means of Injury Injured at work?	1111
18. Funeral director. Talle	110000 0111012	
Address	23. SIGNATURE Q.C.Sick, W.D.	
19. May 12 1945 Clara & Barnes.	Che kit our led M.D. or other	45-

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MAY 15 1945

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 766

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USTAL RESIDENCE (HOME) OF DECEASED:
County	1100000
City or to the Clean of the	State County County
(If outside city or town mits, write RURAL and give negrest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Bushish institution, of street address where death occurrent	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) RULL NAME	3. (b) Social Security Number
Walter = a one w	las
4, Sex 5. Color of race 6.(a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION / 7
Mali Gos Augle	May 13 41 4 H
reacy a wro	20. DATE OF DEATH
6,(b) Name of husband or wife	24 CERTIFY that death occurred once dett aforest that lattended econse the 12 B
	() () () () () () () () () ()
7. Birth date of	and that Hast say hallye on
deceased (mo., day, yr.)//	Interest cause of treated to the DURATION
8. ACE: Years Month Bays If less than one day	12 12 10 0
/9 3 min.	Willishot Women I
1/ Mit Vo wel	But But
9. Birthplace (Town, coonty ald state)	Due to.
10. Usual occupation. Zerm + COTIN	
1 -	Due to
11. industry or busings	
12. Name. My year Shortas	Diher conditions
	(Include pregnancy wijhin 3 months of death)
14. Malden name. Let a wed	
leut a week	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address Millelton R Dues	
B. in O. May. 16/94	22. VIOLENCE: If death was sue to external causes fill in the following: her 13/41-
(Borial, cremation, or removal, Whele) Date thereof (day) (year)	Accident, suicide, or homistide
(heete well)	Where did Injury occur? (City or town) (Coonty) (State)
Cemetery or crematory	Injured at home, fam industry public mace (where?)
Location	(TIME)
18. Funeral director. Collection of the collecti	Means of Anjury Injured at work?
millistical	A Sold The talk of
Address // Www.year.	13. 16 ABJA / Well / Mar. Well 6. 100
19. 5/15 19. 41- M. Brie	De Post to land land land
(Daté rec'd by registrar) Registrar	Address August Signed Company



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Chestertown, Md.

1945 Clara & Barras.

Registrar

2411 N. Charles St., Baltimore

M. D. or other

5-3-45

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Diat. No. 200
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: Least + Trace (400) How long in hospital or institution?.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. Markland County City or town. Chestertown (If outside city or town limits, write RURAL and give nearest town) Street No. 502 High Street (If rural, give LOCATION) 2.(9) If veleran, name war.
3. (a) FULL NAME MARY I rew 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
Fenale White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 3 19.45 21 8 19. M
8. AGE: Years Months Days If less than one day 9. Birthplace (Town, county, and state) 10. Usual occupation House Karpen.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Paril 9 19 10 17 10 19 19 and that I last saw here alive on the date above stated; that I attended deceased from I mmediate cause of death Displayers Displayers Oue to Oue to Oue to
12. Hame Soseph Trew 13. Birthplace Kent County, Wangand 14. Maiden name Anna Rebecc A Trew 15. Birthplace Kent County, Maryland 16. Informant Hospital Records Address Chestertown, Md.	Other conditions Artexicos alexos is (Include pregnancy within 3 months of death) Major fiedings of operations
17. Burial Cremation, or removal Which?) Cemetery or crematory	Accident, suicide, or homicide
LOCZION WITH WATER	Means of Injury Injured at work?

VS A15

PLEASE

Address

May 3, (Dute red d by registrar)

